Authorisation for the viewing of retained CCTV footage

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| **Requested by:** |  |
| **Please specify why it is required (i.e. adjudication, incident, investigation) and provide details:**  |
| **Date of incident:** |  |
| **Location of incident:** |  |
| **Signature of person requesting access:** |  | **Date:** |  |
| **Print name:** |  |
| **Authorised by:** | **(Must be no less than Head of Function)** | **Date:** |  |